MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE			
10/				
APPLICANT(S)				

CLAIMS

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 **AMENDMENT	
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TOTAL CLAIMS					32		

PTO - 1360 (REV. 11/04)

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